

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

VI. BUILDING/SITE CHARACTERISTICS		(office use only)
1. Number of Stories _____		
2. Height of Structure _____ ft.		
3. Area — Largest Floor _____ sq. ft.		
4. New Building Area _____ sq. ft.		
5. Volume of New Structure _____ cu. ft.		
6. Max. Live Load _____		
7. Max. Occupancy Load _____		
8. If Industrialized Building: State Approved _____ HUD _____		
9. Total Land Area Disturbed _____ sq. ft.		
10. Flood Hazard Zone _____		
11. Base Flood Elevation _____ ft.		
12. Wetlands yes _____ no _____		

U.C.C. F100-1 (rev. 8/08)

6(30- Left message w/ pick-up info. (me)

K. CERTIFICATES ISSUED (office use only)			
	DATE ISSUED	DATE EXPIRED	DATE REISSUED
☐ Temporary Certificate of Occupancy	No _____	_____	_____
☐ Temporary Certificate of Compliance	No _____	_____	_____
☐ Continued Certificate of Occupancy	No _____	_____	_____
☐ Certificate of Compliance	No _____	_____	_____
☐ Certificate of Occupancy	No _____	_____	_____
☐ Certificate of Approval	No _____	_____	_____
☐ Lead Abatement Clearance Certificate	No _____	_____	_____



CONSTRUCTION PERMIT

Date Issued 7/5/17
Permit # 17-049

IDENTIFICATION Block 62 Lot 7 Qualification Code _____
Work Site Location 216 Church St. Contractor _____
Address _____
Owner in Fee Luigi Bore _____
Address _____
Tel. (_____) _____
Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

DEMO IN SIDE CLIM UP.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ _____
Mick Mout
Construction Official

6/30/17
Date

PAYMENTS (Office Use Only)

Building 75
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total 75
Check No. _____
Cash 75
Collected by M Caputo

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

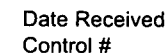
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.



Date Issued
Permit #

7/5/17
17-049

Block 62 Lot 7 Qualification Code _____
Work Site Location 216 Chubb-

Owner in Fee: Luigi Bore

Tel. () e-mail

Address _____

street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☒	No Plans Required	6/30/17	mc	Type:	Failure	Failure	Approval
☐	All			Footing			Initial
☐	Footings/Foundations			Footing/Bonding			
☐	Structural/Framework			Foundation			
☐	Exterior			Slab			
☐	Interior			Frame			
Joint Plan Review Required:				Truss Sys./Bracing			
				Barrier-Free			
☐	Elec.	☐	Plumb.	Insulation			
☐	Fire	☐	Elevator	Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT				Finishes -Final			
Date: _____				Energy			
Approved by: _____				Mechanical			
SUBCODE APPROVAL for CERTIFICATE				TCO			
☐	CO	☐	CCO	Other			
☐	CA			Final			
Date: _____				Barrier-Free			
Approved by: _____							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load	2. Rehabilitation	\$ _____
	3. Total (1+ 2)	\$ _____

Max. Occupancy Load U.C.C. E110

(rev. 11/09)

U.C.C. F110
(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: LUIGI BOVE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSIDE DEMO
CLIP OF -

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☒ Other _____
☒ Demolition

FEE (Office Use Only)

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Administrative Surcharge	\$	
Minimum Fee	\$	75.00
State Permit Surcharge Fee	\$	
TOTAL FEE	\$	

To Reorder: Call 732.534.3000

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy